ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO .	
TELEPHONE NO.: FAX NO.: ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
CASE NAME:	7
ORDER FOR PRISONER'S APPEARANCE AT HEARING	CASE NUMBER:
AFFECTING PRISONER'S PARENTAL RIGHTS	
Waiver of Appearance	
1. A HEARING regarding the custody of the following children (names):	
will be held	
wiii be rield	
on (date): at (time): in Dept.:	Room:
at (amo).	ROOM.
located at court address above other (specify address):	
canon (op can), anamony,	
2. The hearing will be held under:	
a. Family Code section 7800 et seq. (to terminate parental rights)	
b. Welfare and Institutions Code section 300 (to declare the child a dependent	of the court)
c. Welfare and Institutions Code section 366.26 to	
(1) Terminate parental rights	
(2) Appoint a legal guardian	
(3) Order the child into long-term foster care	
d. L Other (specify):	
2. To the Worden or Director of (name of institution):	
 To the Warden or Director of (name of institution): You are ordered to deliver prisoner (name and identification number): 	
who is a party, into the custody of <i>(name)</i> :	so the prisoner may be
transported to this court for the hearing unless the prisoner executes the attached waive	
transported to this court for the realing diffess the prisoner executes the attached walks	of refuses to be transported.
Date:	
	JUDICIAL OFFICER
4. The Waiver of Right to be Present at Hearing on reverse is completed (item 7).	
 5. The Declaration of Translation on reverse is completed (item 8). 6. The Declaration That Prisoner Does Not Wish to Attend Hearing on reverse is con 	

(Continued on reverse)

CASE NAME:	CASE NUMBER:
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7. I HEREBY WAIVE MY RIGHT TO ATTEND THE HEARING. a.	(SIGNATURE OF PARENT) In of Translation Perstand English sufficiently to read this form.)
a. The prisoner's primary language is Spanish ob. I certify that I translated this form to the prisoner in the prisoner.	· · · · · · · · · · · · · · · · · · ·
Date:	
(To be prepared by a	(SIGNATURE OF PERSON TRANSLATING) Does Not Wish to Attend Hearing prison official only if the ear but does not sign the waiver.)
The prisoner (name): to me, that he or she does not wish to attend the hearing in this	has stated to me, or by conduct indicated matter.
I declare under penalty of perjury under the laws of the State of Ca	lifornia that the foregoing is true and correct.
Date:	•
(TYPE OR PRINT NAME)	(SIGNATURE) Warden Superintendent Designated representative